

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO

FORMS DATE

APPLICANT(S)

CLAIMS

	AS PREC		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
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6		1				
7	1					
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49	2					
50	13					
TOTAL IND.	1					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						